

## THE DIVISION OF HEALTH OF MISSOURI

## FILED MAR 2 1950 STANDARD CERTIFICATE OF DEATH

State File No. 5118

Registrar's No. 60

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5570		Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Fort Osage</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Fort Osage</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RR #1 Buckner, Mo.</b>				d. STREET ADDRESS (If rural, give location) <b>RR31 Buckner Mo.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>TEEN</b>		b. (Middle)		c. (Last) <b>CRENSHAW</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>June 5, 1972</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>77</b>		11. BIRTHPLACE (State or foreign country) <b>Jackson Co. Mo.</b>	
13a. FATHER'S NAME <b>T.L. Crenshaw</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy J. Purcell</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>---</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Gertrude Crenshaw Buckner, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b> DUE TO (c) <b>arterio-sclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>331X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Feb 8, 1950</b> , to <b>Feb 10, 1950</b> , that I last saw the deceased alive on <b>Feb 10, 1950</b> , and that death occurred at <b>1:30 AM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John L. Weisler D.O.</b>		(Degree or title)		23b. ADDRESS <b>Buckner, Mo.</b>		23c. DATE SIGNED <b>2/10/50</b>	
24a. BURIAL, CREMA- TION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>FEB 12, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lobb</b>		24d. LOCATION (City, town, or county) (State) <b>9Mi. E. of Indep. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Feb. 11-1950</b>		REGISTRAR'S SIGNATURE <b>Am. S. [Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Att. Mitchell</b>		ADDRESS <b>Indep. Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 23 RECD

DEC 12 1950

NOV 26 1951

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Henry G. Mitchell*

Licensed Embalmer No. 3925

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, 'fact' should be so stated above.